

For official use only:

Customer Name

Customer No.

PD F 2778 E
Department of the Treasury
Bureau of the Public Debt
(Revised December 2001)

CERTIFICATION ATTACHMENT

Attached to and made a part of Form: _____

Certifying Officer – The individuals must sign in your presence. Complete the certification and affix your stamp or seal.

I CERTIFY that _____, whose identity is well-known or proved
to me, personally appeared before me this _____ day of _____, _____
(Month) (Year)
at _____, and signed this form.
(City) (State)

**(OFFICIAL STAMP
OR SEAL)**

(Signature and title of certifying officer)

(Street address)

My commission expires _____
(For notaries only) (City) (State) (ZIP Code)

I CERTIFY that _____, whose identity is well-known or proved
to me, personally appeared before me this _____ day of _____, _____
(Month) (Year)
at _____, and signed this form.
(City) (State)

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